

# MATERIAL INSPECTION AND RECEIVING REPORT

*Form Approved  
OBM No. 0704-0248*

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.

SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.

1. PROC. INSTRUMENT IDEN. (CONTRACT)				(ORDER) NO.		6. INVOICE NO./DATE		7. PAGE   OF		8. ACCEPTANCE POINT	
2. SHIPMENT		3. DATE SHIPPED		4. B/L  TCN				5. DISCOUNT TERMS			
9. PRIME CONTRACTOR				CODE		10. ADMINISTERED BY				CODE	
11. SHIPPED FROM (If other than 9)				CODE		12. PAYMENT WILL BE MADE BY				CODE	
13. SHIPPED TO				CODE		14. MARKED FOR				CODE	
15. ITEM NO.	16. STOCK/PART NO. <i>(Indicate number of shipping container -type of container - container number)</i>			DESCRIPTION		17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE		20. AMOUNT	
21. CONTRACT QUALITY ASSURANCE							22. RECEIVER'S USE				
<b>A. ORIGIN</b> <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items Has been made by me or under my supervision and they conform to contract, except as noticed herein or on supporting documents.				<b>B. DESTINATION</b> <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items Has been made by me or under my supervision and they conform to contract, except as noticed herein or on supporting documents.			Quantities shown in column 17 were received in apparent good condition except as noted.				
DATE _____ TYPED NAME _____ AND OFFICE _____				DATE _____ TYPED NAME _____ AND OFFICE _____			DATE _____ TYPED NAME _____ AND OFFICE _____				
							* If quantity received by the Government is the same as quantity shipped, indicate by (X) mark, if different, enter actual quantity received below quantity shipped and encircle.				
23. CONTRACTOR USE ONLY											